

राजपत्र, हिमाचल प्रदेश

(असाधारण)

हिमाचल प्रदेश राज्यशासन द्वारा प्रकाशित

शिमला, सोमवार, १२ सितम्बर, १६६६/२१ भाद्रपद, १८८८

GOVERNMENT OF HIMACHAL PRADESH

INDUSTRIES DEPARTMENT

NOTIFICATION

Simla-4, the 1st September, 1966

No. I&S. 15 (Lab)453/57.—In exercise of the powers conferred under clause (p), (q) and (r) of sub-section (2) of section 32 of the Workmen's Compensation Act, 1923 (8 of 1923), the Lieutenant Governor, Himachal Pardesh is pleased to make the following Rules the same having been previously published vide Notification of even number, dated the 13th September, 1965 as required by sub-section (1) of section 34 of the said Act.

RULES

- 1. Short title and commencement.—(1) These rules may be called the Workmen's Compensation (Occupational Diseases) Rules, 1966.
- (2) They shall come into force with effect from the date which will be notified later on.
- 2. Application.—These rules shall apply to all workmen employed in any employment mentioned in Part C of Schedule III of the Act.
 - 3. Definitions.—In these rules, unless the context otherwise requires:
 - (a) "Act" means the Workmen's Compensation Act, 1923 (8 of 1923);
 - (b) "Asbestosis" shall mean-
 - (i) a pulmonary fibrosis which manifests itself radiologically as a ground glass appearances of the pulmonary field, of striations or reticular fomations more or less marked, particularly diffuse at the bases or diffuse stippling or reticulation over extensive areas of both lung fields, whether or not accompanied by signs of pulmonary tuberculosis, and

- (ii) clinically by the presence of asbestos bodies in the sputum, accompanied by tracheo-bronchitis and emphysema;
- (c) "Bagassosis" means a disease which:—

(i) manifests itself as an acute allergic response due to sensitisa-

tion of the individual to be agasse dust, and

- (ii) radiologically, consits of increase in the vascular shadows and increase in haziness and reticulation all over the lungs and increases in the hilar densities and some mottling. In acute phases patchy shadows resembling bronchopneumonia may be seen.
- (d) "Medical Board" means the Pneumoconiosis Medical Board constituted by the State Government under rule 4 or any Medical Board recognised by the State Government for the purpose of these rules.
- (e) "Pneumoconiosis" means silicosis or coalminers pneumoconiosis or asbestosis or bagassosis or any of these diseases accompanied by pulmonary tuberculosis.
- 4. Constitution of Pneumoconiosis Medical Board.—(1) The State Government shall constitute or recognise a Pneumoconiosis Medical Board for the conduct of medical examinations, submission of medical reports and the grant of medical certificate in pursuance of these rules:

Provided that with respect to workmen employed in mines, the State Government may recognise any Medical Board for the purpose of these rules.

- (2) The Board constituted or recognised under sub-rule (1) shall consist of these qualified medical practitioners of whom one shall be a radiologist.
- 5. Medical condition under which pneumoconiosis may be consider to be occupational disease.—(1) The diagnosis of pneumoconiosis shall be carried out with all the necessary technical guarantees. Proof of the degree of development of the pathological or anatomical changes in the respiratry and cardiac systems shall be furnished by the radiographic record and other laboratory records, which shall be acompanied by the report of a full clinical examination including a report of the industrial history of the person concerned, the record of all occupations in which he has been employed, the nature of the harmful dusts to which he was exposed and the duration of such exposure.
- (2) For entitlement to compensation, silicosis and coal miners' pneumo-coniosis shall fulfil the following radiological and clinical conditions.

(a) The radiological examination of the workmen must reveal—

(i) the appearance of generalised micronodular or nodular fibrosis covering a considerable part of both lung fields whether accompanied or not by signs of pulmonary tuberculosis, or

(ii) in addition to a marked accentuation of the pattern of both lungs, the appearance of one or several pseudotumoral fibrotice formations, whether accompanied or not by signs of pulmonary tuberculosis, or

(iii) The appearance of both of these types of fibrotic lesions at once, whether accompanied or met by signs of pulmonary

tuberculosis.

(b) Serial radiological pictures taken over a period during periodical medical examinations shall, as far as possible be considered in marking definite diagononise in cases where doubt exists;

- (r) Radiological interpretation shall be based on the standard international classification laid down by the International Labour Organisation (Geneva Classification).
- (d) The clinical examination of the workman concerned must reveal decrease or deterioration of the respiratory function or cardiac function or a deterioration of the state of general health, caused by the pathological processes specified above.
- 6. Evaluation of disablement.—(1) The evaluation of disablement shall be made by reference to the physical (anatomical) physiological, and mental capacity for the exercise of the necessary functions of a normally occupied life which would be expected in a healthy person of the same age and sex. For such assessment, recognised cardio-respiratory functions tests shall be used to assess the degree of cardio-respiratory functions impairment.
- (2) It shall be determined whether the disablement is temporary or permanent and also the percentage loss of function as it pertains to the loss of working capacity for receiving compensation.
- (3) Assessment of disablement shall be proportionate to the loss of earning capacity total disablement being taken to be 100 per cent loss of earning capacity.
 - Explanation:—For the purpose of this rule, "permanent disablement" shall mean such disablement as is certified to be permanent by the Medical Board.
- 7. Certification af cases.—(1) The claim for the compensation in respect of a workman contracting any disease specified in part C of Schedule III to the Act shall be supported by a certificate issued by a qualified medical practitioner in the Form 'A' appended to these rules:

Provided that where the contracting of such a disease has resulted in death or permanent disablement of the workmen the claim shall also be supported, by an endorsement on the certificate, in the Form 'B' appended to these rules by the Medical Board, the opinion and in case of difference of opinion between the qualified medical practitioner and the Medical Board, the opinion of the Medical Board shall prevail.

FORM 'A'

Certificate of disability/death

(See Rule 7)

(State employment for which he is considered fit).

(2) Permanent disablement.—The disability is of a permanent nature and is assessed atper cent.

(3) Death.—Death is attributal (Cancel out portions no	ble to the contracting of the disease. t applicable)
Place	Signature of the qualified Medical Practitioner.
F	ORM 'B'
Endorsement to be made by disability or death.	Medical Board in the cases of permaner.
This is to certify that Shri pneumoconiosis/pneumoconiosis	with pulmonary tuberculosis and the reasonably attributable to this employ
(1) Permanent disability.—It is manent nature and is assessed at	certified that the disability is of a perper cent.
attributable to the contracting of the Place	he death of Shriine disease.
Date	
Note:—The Medical Board may be considered ne	Signature of Member of Medical Board. hay call for any further information that cessary by it from the Medical Practition countersigning certificate in case of death
	By order,
	P. K. MATTOO, Secretary.
HOME	DEPARTMENT
NOTI	FICATION
Simla-4, the	6th September, 1966
even number, dated the 14th Augu	ation of the Home Department Order of st, 1964, the Administrator (Lieutenant leased to amend the said order to the stituted by the word "eight".
	By order,
	RAGHUBIR SINGH, Joint Secretary.
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